# TISHOMINGO PUBLIC SCHOOLS

1300 East Main Street Tishomingo, Oklahoma 73460

Administration: (580) 371-9190 Mlddle School: (580) 371-3602 nomingo, Oklahoma 73460 High School: (580) 371-2322 Elementary School: (580) 371-2548

Fax: (580) 371-3765

August 20, 2009

Received & Inspected

AUG 2 6 2009

FCC Mail Room

To: Marlene Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street, SW Washington, DC 20554

Request for Waiver Reference CC Docket No. 02-6 Docket No. 96-45

Billed Entity Name: Tishomingo Independent School District #20

Billed Entity Number: 139868

Form 471 Application Number: 702383

Contact Information
Rex Lokey, Director of Special Services
Tishomingo Public Schools
1300 East Main
Tishomingo, Oklahoma 73460
Telephone number: 580, 371, 9190

Telephone number: 580-371-9190 FAX number: 580-371-3765

Email Address: rlokey@tishomingo.k12.ok.us

#### Form 471 Request for Waiver

Tishomingo Public Schools respectfully requests that the FY 2008 form 471 application #702383 be considered for a deadline waiver for this application to be considered "in-window" as this application has been determined to be postmarked outside of the application window on July 8<sup>th</sup> 2009 by the Schools and Libraries Division.

The filing deadline for form 471 application #702383 was missed due to extenuating circumstances.

#### Discussion of Extenuating Circumstances

On 10/31/2006 Tishomingo Public Schools posted form 470 #121640000591067 that resulted in an award for a fiber based Wide Area Network (Custom Switched Metropolitan Ethernet) contracted in a Master Agreement Addendum signed with AT&T. The date of the contract signing was February 8, 2006. The district filed 471 #544699 that included the funding request #1504568 for FY 2007 e-rate reimbursement for the contracted fiber based wide area network.

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This contract featured voluntary extension the contract was renewed in accordance with the originating 470; this was the first time that I had dealt with a service that did not require responses to a 470 competitive bid when filing for e-rate reimbursement for FY 2008. As such I was unfamiliar with requesting funds that did not have a 470 filed in the same funding year as the 471. The failure to file for E-rate reimbursement on the Fiber based Wide Area Network (or CSME) was purely a inadvertent process misunderstanding that resulted in a filing failure that was not identified until the 471 filing window had passed.

The CSME services are necessary to the school district to provide the quality Internet services necessary to support a district the size of Tishomingo. Consequently, the district continued the service during school year 2008-09 after finding out that it was not funded for the CSME for that year.

Tishomingo is a district that during school year 2008-09 had a free and reduced lunch rate of 63.6 percent. The undiscounted cost of the CSME service for the district is \$6100.00 per month split between three school sites. The combined total for the school year is \$73,800.00. Government assistance to support this kind of expense is paramount to the public schools. It will place an extreme hardship on the Tishomingo Public School District if we have to pay the full unfunded amount.

I am the individual that filed the 471 for the district. The application # of the original 471 that was filed for school year 2008-09 is #594406. Being unfamiliar with the terminology that is used in reference to all of the technical aspects of applying for technology services I failed to notice that we had not received a quote from the provider for that school year. Due to the fact that I did not see the quote, I did not know it was missing. I had taken the quotes for the other services and laid them with the contracts so that I would not miss anything. The CSME services were contracted in a sixty month agreement the year before. I did not have a new contract and did not have a quote. The sixty month contract was in the addendum to the Master Agreement signed by the school on February 8, 2006.

As a small rural school; Tishomingo can not afford to provide a dedicated staff to pursuing federal grants or e-rate funding. My background is in teaching and school administration. In my position the application process to the SLC for e-rate reimbursement can be complicated and confusing. The program is highly beneficial; however the losses that are a result of human error can be great.

We respectfully request that you consider these factors in making a decision concerning our request for waiver.

Respectfully

Rex Lokey, Director

Special Services

Tishomingo Public Schools

Tishomingo, Oklahoma



#### FUNDING YEAR 2008 FORM 471 POSTMARKED OUTSIDE OF WINDOW

July 8, 2009

REX LOKEY TISHOMINGO INDEP SCH DIST #20 1300 EAST MAIN TISHOMINGO, OK 73460

Re: Applicant's Form Identifier: TPS 471-2 Form 471 Application Number: 702383

#### Dear REX LOKEY:

We're sending this letter to thank you for your recent Form 471 application. Your Form 471 application was postmarked on 06/23/2009, which is AFTER the Funding Year 2008-2009 filing window closed at 11:59 p.m. EST on Thursday, February 7, 2008.

Program rules require us to hold your application pending final review of those applications that were filed within the filing window. We will post an announcement on the USAC website at www.usac.org/sl once we determine if funding applications that were submitted within the application filing window will fully utilize all the funds available for this Funding Year.

For more information about the processing of pending applications, about funding for applications filed after the close of the filing window or about plans for future Funding Years, please visit our website or call the Client Service Bureau at 1-888-203-8100.

#### TO APPEAL THIS DECISION:

If you wish to appeal a decision indicated in this letter, your appeal must be received by USAC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

- Include the name, address, telephone number, fax number, and (if available) email address for the person who can most readily discuss this appeal with us.
- State outright that your letter is an appeal. Include the following to identify the decision letter and the decision you are appealing:
  - Appellant name, - Applicant or service provider name, - BEN,

- Application number 702383 as assigned by USAC,
   "Funding Year 2008 Form 471 Postmarked Outside of Window Letter," AND

- The exact text or the decision that you are appealing.
- Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.

- The second second second second second

- 4. If you are an applicant, please provide a copy of your appeal to the service provider(s) affected by USAC's decision. If you are a service provider, please provide a copy of your appeal to the applicant(s) affected by USAC's decision.
- 5. Provide an authorized signature on your letter of appeal.

To submit your appeal to USAC by email, email to appeals@sl.universalservice.org. USAC will automatically reply to incoming emails to confirm receipt.

To submit your appeal to us by fax, fax your appeal to (973)599-6542.

To submit your appeal to us on paper, send your appeal to:

Letter of Appeal Schools and Libraries Division - Correspondence Unit 100 South Jefferson Road P.O. Box 902 Whippany, NJ 07981

You have the option of filing an appeal with USAC or with the Federal Communications Commission (FCC). You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be received by the FCC or postmarked within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. We strongly recommend that you use the electronic filing options described in the "Appeals Procedure" posted on our website. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554.

Schools and Libraries Division Universal Service Administrative Company

Schools and Libraries Division/USAC

Page 2 of 2

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07/08/2009

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Do not write in this area.

Approval by OMB 3060-0806

# Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org.)

The instructions include information on the deadlines for filing this application.

The instructions include information on the deadlines for filing this application. Applicant's Form Identifier Hermana Applications (Lable assigned by administrator) (Create your own code to identify THIS Form 471) Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the services listed on this form.) Name of 1 a Billed Entity Billed Entity Number Funding Year: July 1. 2 a Street Address. 4 a P.O. Box. or Route Number City State Zip Code Fax C Number Number b 5 a Type of Individual School (individual public or non-public school) Application School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools) Library (including library system, library outlet/branch or library consortium as defined under LSTA) Consortium Check here if any members of this consortium are ineligible or non-governmental entities. Contact Person's Name First, if the Contact Person's Street Address is the same as in Item 4, check this box. If not, please complete the entries for the Street Address below. Street Address, P.O. Box, or Route Number City State Zip Code Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided. Ext Fax Telephone 騷 c Number Number E-mail Address Вe Holiday/vacation/summer contact information:



| Entity Number  | 139868    | Applicant's Form Identifier TPS 471-2 |  |
|----------------|-----------|---------------------------------------|--|
| Contact Person | Rex Lokey | Phone Number 580-371-9190             |  |

This information will facilitate the processing of your applications. Please complete all rows that apply to services for which you are requesting discounts. Complete this information on the FIRST Form 471 you file, to encompass this and all other Forms 471 you will file for this funding year. You need not complete this information on subsequent Forms 471. Provide your best estimates for the services ordered across ALL of your Forms 471.

|           |   |  | Consortia complete Item 7 and/or Item | n 8         |
|-----------|---|--|---------------------------------------|-------------|
| OCK Z: II | <u> </u>  | S Ordered on Schools ON INCLUDES SCHOOLS | BEFORE ORDER                          | AFTER ORDER |
| 7a        | Number of students to   | be served                                |                                       |             |
| b         | Telephone service; Nu   | mber of classrooms with phone service    |                                       |             |
| c         | Diel-up Internet acces<br>56kbps)   | s: Number of connections (up to          |                                       |             |
| •         | Direct broadband services; Number of  | Less than 10 mbps                        |                                       |             |
| d         | buildings served at<br>the following  | Between 10 mbps and 200 mbps             |                                       |             |
|           | speeds:   | Greater than 200 mbps                    |                                       |             |
| e         | Direct connections to   | the Internet: Number of drops            |                                       |             |
| f         | Number of classroom   | s with Internet access                   |                                       |             |
| g         | Number of computers   | or other devices with Internet access    |                                       |             |
| Block 3:  | Impact of Service   | es Ordered on Libraries                  |                                       |             |
|           | IF THIS APPLICATI   | ON INCLUDES LIBRARIES                    | BEFORE ORDER                          | AFTER ORDER |
| 8a        | Number of library pat   | rons to be served                        |                                       |             |
| b         | Telephone service: N  | umber of rooms with phone service        |                                       |             |
| c         | Dial-up internet acces<br>56kbps)   | ss: Number of connections (up to         |                                       |             |
|           | Direct broadband<br>services: Number of<br>buildings served at<br>the following | Less than 10 mbps                        |                                       |             |
| d         |   | Between 10 mbps and 200 mbps             |                                       |             |
|           | speeds;   | Greater than 200 mbps                    |                                       |             |
| е         | Direct connections to   | the Internet: Number of drops            |                                       |             |
| f         | Number of buildings   | with Internet access                     |                                       |             |
|           |   |  | <del></del>                           |             |

#### Block 4: Discount Calculation Worksheets

You must complete a separate worksheet for each group of entities sharing one or more services. If you are filing as a consortium and your members include school districts or library systems, you must complete a separate worksheet for each of those members. In addition, if you are applying for discounts for administrative buildings or other non-instructional facilities, you must complete a worksheet for all schools in the school district or all library outlets/branches in the library system in order to calculate the appropriate discount for those facilities. In general, the following columns must be completed:

INDIVIDUAL SCHOOLS:

SCHOOLS IN ONE SCHOOL DISTRICT (SHARED SERVICES):

SCHOOL DISTRICTS:

LIBRARY OUTLETS/BRANCHES

LIBRARY OUTLETS/BRANCHES IN ONE LIBRARY SYSTEM (SHARED SERVICES):

Number of computers or other devices with Internet access

LIBRARY SYSTEMS:

ONSORTIA (after completing a worksheet or worksheet entry for each member entity as needed): Columns 1-2, Column 12, and Item 9b, Line 3

Columns 1-7 and Columns 9-10

Columns 1-10 and Item 9b, Line 1

Columns 1-10 and Item 9b, Line 1

Columns 1-7 and Column 11

Columns 1-7, Column 11, and Item 9b, Line 2

Columns 1-7, Column 11, and Item 9b. Line 2

lease refer to the Form 471 Instructions for specific information on each Item in the worksheet.

| Entity Number _ | 139868    | Applicant's Form Identifier | TPS 471-2    |
|-----------------|-----------|-----------------------------|--------------|
| Contact Person  | Rex Lokey | Contact Telephone Number    | 580-371-9190 |

**Block 4: Discount Calculation Worksheet** 

Worksheet 1 Page 1 of  $\overline{1}$ 

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

9a List entitles and calculate discount(s):

School District or Library System Name: Tishomingo Indep Sch Dist 20 School District or Library System Entity Number: 139868

(For Administrator's Use)

| 1  | 2   | 3                              | 4  | 5  | 6  | 7                                      | 8   | 9  | 10                          | 11   | 12                                 | 13                 |
|--|---|--------------------------------|--|--|--|--|---|--|-----------------------------|--|------------------------------------|--------------------|
| Name of Eligible Entity  | Entity Number AND<br>NCES Code (for Schools) or<br>FSCS Code (for Libraries)  | Urban<br>or<br>Rural<br>U or R | Total Number of<br>Students  | Number of<br>Students Eligible<br>for NSLP | Percent of<br>Students<br>Eligible<br>for NSLP<br>(Col. 67<br>Col 4) | Discount<br>from<br>Discount<br>Matrix | Weighted Product<br>for Calculating<br>Shared Discount<br>(Col. 4 x Col. 7) | Pre-K<br>Adult Ed<br>Or<br>Juvenile<br>Justice | Alt<br>Disc<br>Mech         | Entity Number of<br>School District in<br>which Library<br>Outlet/Branch is<br>Located | Discount<br>of<br>Member<br>Entity | Shared<br>Discount |
| ALL EN   | INTIES  |                                | SCHOOLS AND LIBRARIES  |  |  | Schools with<br>Shared Services        | Scho  | ole  | Library<br>Outlets/Branches | Consortia  |                                    |                    |
|  | Andria de la companya del companya de la companya del companya de la companya de |                                |  |  | BW.  | E DE                                   |   |  |                             |  |                                    |                    |
| Figure 1.  |   | R                              |  |  | FALL   | Z.U                                    | EFFE  | <u> </u>                                       |                             |  |                                    |                    |
|  |   |                                |  | nchar                                      |  | <b>85.65</b>                           | elycore   |  |                             |  |                                    |                    |
|  |   |                                |  |  |  |  |   |  |                             |  | 3125                               |                    |
|  |   |                                |  |  |  |  |   | <b>X</b>                                       |                             |  |                                    |                    |
|  |   | No.                            |  |  | 19925  |  |   |  |                             |  | <b>\$46</b>                        |                    |
| 9b Shared Services SCHOOL DISTRICTS: (Including groups of schools within school districts.)  |   |                                |  |  |  |  |   |  |                             |  |                                    |                    |
| Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.         |   |                                |  |  |  |  | HIAS ME   |  |                             |  |                                    |                    |
| LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outliets/branches. Enter the result in Column 13. |   |                                | and a second |  |  |  |   |  |                             |  |                                    | 11911              |
| CONSORTIA: Calculate the total on number of member entities. Enter the   | е   |                                |  |  |  | · · · · · · · · · · · · · · · · · · ·  |   |  |                             | 2011   |                                    |                    |

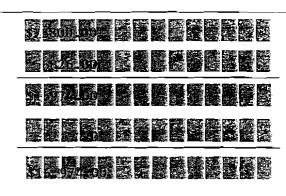
TPS471-2 139868 Applicant's Form Identifier **Entity Number** 580-371-9190 Contact Person Rex Lokey Phone Number Block 5: Discount Funding Request(s) of Balance Instructions: Use one Block 5 page for EACH service (Funding Request Number) Block 5, page for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly. If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, 10 etc.), check this box and enter the original FRN in the space provided: Category of Service (only ONE category should be checked) 23 Calculations 11 A. Monthly charges (total amount per month for service) PRIORITY 2 PRIORITY 1 XX Internal Connections Other than Basic Telecommunications Maintenance Basic Maintenance of Internal Internet Access Connections 12 Form 470 Application Number Charges B. How much of the amount in A is ineligible? Recurring SPIN - Service Provider Identification Number 13 C. Eligible monthly pre-discount amount OA: 50 14 Service Provider Name D. Number of months service provided in funding year E. Annual pre-discount amount for eligible recurring charges (C x D) Check this box if this Funding Request is for non-contracted F. Annual non-recurring charges 15a tariffed or month-to-month services Charges Contract Number 15b Non-Recurring Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third pany, the terms and conditions of which are then make 15c G. How much of the amount in F is ineligible? available to an eigible entity that purchases directly from the service provider). Check this box if this Funding Request is a 15d continuetion of an FRN from a previous tunding year based on a multi-year contract. If so provide that FRN here: 16a Billing Account Number (e.g., billed telephone number) Check this box if there are multiple Billing Account Numbers and attach a H. Annual eligible pre-discount amount for non-recurring charges 16b complete list of those numbers to this page (F minus G) Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 17 Contract Award Date (mm/dd/yyyy 18 1. Total funding year pre-discount amount (E + H) Service Start Date (mm/dd/yyyy) Charges 19 Service End Date (mm/dd/yyyy) J. Discount from Block 4 Worksheet 20a [ota] Contract Expiration Date K. Funding Commitment Request (| x J) 20b (mm/dd/yyyy) Description of This Service: Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number. and note number in space provided a. If the service is site-specific (provided to one site 22 Entity/Entities Receiving This Service: and not shared by others), list the Entity Number of the entity from Block 4 receiving this service; b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1);

Do not write in this area

| _ntity Number  | 139868    | Applicant's Form Identifier _ | TPS471-2     |  |
|----------------|-----------|-------------------------------|--------------|--|
| Contact Person | Rex Lokey | Phone Number                  | 580-371-9190 |  |

### **Block 6: Certifications and Signature**

- 24 🌉 I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
  - a Xschools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
  - b libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.
- 1 certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).
  - Total funding year pre-discount amount on this Form 471
     (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)
  - b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)
  - c Total applicant non-discount share (Subtract Item 25b from Item 25a.)
  - d
    Total budgeted amount allocated to resources not eligible for E-rate support
  - Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)



- Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.
- I certify that all of the schools and libraries or library consortia listed in Block 4 of this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):
  - a Man individual technology plan for using the services requested in this application; and/or
  - b higher-level technology plan(s) for using the services requested in this application; or
  - c 👺 no technology plan needed; applying for basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only.
- 27 1 certify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
- 28 to certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
- 29 Locatify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s), or any representative or agent thereof or any consultant in connection with this request for services.
- I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

| Entity Number  | 139868    | Applicant's Form Identifier TPS471-2 |
|----------------|-----------|--------------------------------------|
| Jontact Person | Rex Lokey | Phone Number _580-371-9190           |

- 31 **&** I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 1 certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 1 certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001 and civil violations of the False Claims Act.
- 1 acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- 35 Lecrify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the cost of the contract to eligible and ineligible components as required by the Commission's rules at 47 C.F.R. Sec. 54.504(g)(1), (2).
- 36 Lecrtify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years beginning with Funding Year 2005 as required by the Commission's rules at 47 C.F.R. Sec. 54.506(c).
- 37 I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

| 38       | Signature of authorized person   |
|----------|--|
| 40       | Printed name of authorized person  |
| **`      |  |
| 41       | Title or position of authorized person   |
| ]        |  |
| <b>\</b> | Street Address, P.O. Box, or Route Number  |
| 42a      |  |
| ł        |  |
|          | City  White thick will will will be the state of the stat |
| <u> </u> |  |
|          | State Zip Code   |
|          |  |
| 42b      | Telephone number of authorized person Ext 42c Fax number of authorized person  |
|          |  |
| 42d      | E-mail address of authorized person  |
|          |  |
| 42e      | Name of authorized person's employer   |
| 746      |  |

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504, The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47U.S.C. § 254. The late in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquines may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

#### Please submit this form to:

SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms ATTN: SLD Form 471 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100